

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. 107031502 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	1				51					
2		1			52					
3		1			53					
4		1	1		54					
5		1	1		55					
6		1	1		56					
7		1	1		57					
8		1	1		58					
9		1	1		59					
10		1	1		60					
11		1	1		61					
12		1	1		62					
13		1	1		63					
14		1	1		64					
15		1	1		65					
16		1	1		66					
17		1	1		67					
18		1	1		68					
19		1	1		69					
20		1	1		70					
21		1	1		71					
22		1	1		72					
23		1	1		73					
24		1	1		74					
25		1	1		75					
26		1	1		76					
27		1	1		77					
28		1	1		78					
29		1	1		79					
30		1	1		80					
31		1	1		81					
32		1	1		82					
33		1	1		83					
34		1	1		84					
35		1	1		85					
36		1	1		86					
37		1	1		87					
38		1	1		88					
39		1	1		89					
40		1	1		90					
41		1	1		91					
42		1	1		92					
43		1	1		93					
44		1	1		94					
45		1	1		95					
46		1	1		96					
47		1	1		97					
48		1	1		98					
49		1	1		99					
50		1	1		100					
TOTAL IND.	1		1		TOTAL IND.					
TOTAL DEP.	5		8		TOTAL DEP.					
TOTAL CLAIMS	9		10		TOTAL CLAIMS					